

A Brief Summary of Viral Hepatitis Laws in California, 2012

**California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control**

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INTRODUCTION

A Brief Summary of Viral Hepatitis Laws in California, 2012 is the first summary to describe viral hepatitis-related statutes and regulations in California. The *Summary* focuses on issues and questions concerning viral hepatitis education, immunization, testing, exposure, confidentiality, and discrimination, etc., but does not provide the full text of any referenced law, or reference court decisions that may interpret the laws. Some relevant federal policies and recommendations are also included for reference.

The objective of the *Summary* is to introduce the reader, by topic, to California statutes, codes, and regulations that pertain to viral hepatitis, and is not intended to address all aspects of viral hepatitis law or to offer legal advice. Although current at the time of this publication, legislative and/or judicial acts may be amended, deleted from, or added to California codes and regulations at any time.

California codes and regulations and relevant judicial case reports should be consulted directly if more detailed information is needed. The California Code of Regulations (CCR) and judicial decisions are accessible at any law library and through most public libraries. The website for CCR is www.oal.ca.gov/ccr.htm. Current California Senate and Assembly bill information, as well as California laws, are available on the Official California Legislative Information website at www.leginfo.ca.gov.

California Department of Public Health (CDPH),* Center for Infectious Diseases (CID), Division of Communicable Disease Control (DCDC) is designated by California Health and Safety Code Section 131051 as the lead agency responsible for coordinating state programs, services, and activities relating to communicable diseases, which include, among others: hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and hepatitis E virus (HEV) (referred to as a group, unless otherwise noted, as “viral hepatitis”). Under the same Section, the CDPH, CID, Office of AIDS (OA) is designated as the lead agency responsible for coordinating programs, services, and activities related to Human Immunodeficiency Virus (HIV)/AIDS. Together, DCDC and OA operate within CID. This summary was prepared by the CDPH, CID, DCDC, STD Control Branch, Office of Viral Hepatitis Prevention.

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* In 2007, California Department of Health Services split into two parts: California Department of Public Health (CDPH) and California Department of Healthcare Services (DHCS). References to California Department of Health Services throughout this summary now apply to California Department of Public Health, unless otherwise noted.

ACRONYMS AND ABBREVIATIONS

ADA	Americans with Disabilities Act
ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
CCLHO	California Conference of Local Health Officers
CCR	California Code of Regulations
CLIA	Clinical Laboratory Improvement Amendments
CDC	Centers for Disease Control and Prevention
CDCR	California Department of Corrections and Rehabilitation
CDPH	California Department of Public Health
CID	Center for Infectious Diseases
DCDC	Division of Communicable Disease Control
DHCS	Department of Health Care Services
FDA	Food and Drug Administration
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDV	Hepatitis D Virus
HEV	Hepatitis E Virus
HIV	Human Immunodeficiency Virus
OA	Office of AIDS
PCIP	Pre-Existing Condition Insurance Plan
RNA	Ribonucleic Acid
STD	Sexually Transmitted Disease
TTY	Text Telephone

PUBLIC AND PROVIDER EDUCATION

School Health Education Requirements

Health and Safety Code Section 120875 requires the California Department of Education to provide information to school districts on HIV/AIDS and hepatitis B, including appropriate methods school employees may use to prevent exposure to HIV and hepatitis B, including the availability of a hepatitis B vaccine.

Education Regarding Responsible Drug Use

Health and Safety Code Sections 11999-11999.2 prohibit all drug and alcohol programs in California from including messages about the responsible use, if the use is unlawful, of drugs or alcohol. These Sections do not apply to any program funded by the State that provides education and prevention outreach to injection drug users with HIV or persons at risk of HIV infection through injection drug use.

Hepatitis C Education for the Public, Health Professionals, and Community Service Providers

Health and Safety Code Sections 122410 and 122420 require the Director of Health Services to fulfill the following public and health professional education functions:

- Make protocols and guidelines on hepatitis C available for educating physicians, health professionals, and community service providers, on the most recent scientific and medical information on hepatitis C detection, transmission, diagnosis, treatment, and therapeutic decision-making.
- Coordinate with national public education efforts related to the identification and notification of recipients of blood from hepatitis C virus-positive donors.
- Sponsor community forums and conduct community outreach.
- Employ communication strategies, using a variety of media.
- Include information on co-infection of HIV or hemophilia with the hepatitis C virus in the professional training and all appropriate care and treatment programs under the jurisdiction of the Department.
- Urge local public health officials to make hepatitis C virus screening available for uninsured individuals upon request.
- Include hepatitis C counseling, education, and testing, as appropriate, into local state-funded programs, including those addressing HIV, tuberculosis, STDs, and all other appropriate programs approved by the CDPH Director.

These Sections do not require the Department to develop or produce any protocol, guideline, or proposal.

Hepatitis C Education, Screening, and Treatment for Persons Confined in State Prisons

Penal Code Section 5008.2 requires California Department of Corrections and Rehabilitation* to provide all persons confined in state prisons with information on

* As of July 1, 2005, any reference to the Department of Corrections in this or any other code refers to the Department of Corrections and Rehabilitation.

hepatitis C, including but not limited to methods of hepatitis C transmission and prevention, and information on opportunities for screening and treatment while incarcerated. This is required to be implemented only to the extent that printed information and other media are provided at no charge to California Department of Corrections and Rehabilitation by public health agencies or any other organization promoting hepatitis C education.

This Section also requires the Department of Corrections and Rehabilitation to provide hepatitis C screening to all persons confined in state prisons who request it, and to offer it to persons confined in state prisons who have a history of injection drug use or other risk factors for hepatitis C. This testing must be confidential and individuals must not be charged a medical co-payment for hepatitis C testing, treatment, or any follow-up testing.

Health and Safety Code Section 122415 requires the Director of California Department of Corrections to establish and make available a voluntary program to test persons incarcerated in state prisons for the presence of the hepatitis C virus upon incarceration and to update hepatitis C virus treatment protocols and regimens as new therapies become available. This Section is required to be implemented only to the extent that funds are allocated for this purpose in the annual state budget.

Health and Safety Code Section 122420 requires the Director of Health Services to work with the Department of Corrections to identify hepatitis C-positive persons confined in state prisons likely to be released within two years, and to provide counseling and treatment options to these individuals.

HEPATITIS TESTING AND RESULTS DISCLOSURE

Outside the Criminal Justice System

Pregnant Women

Health and Safety Code Sections 125085-125090 require that the blood specimen of a pregnant woman be tested for hepatitis B surface antigen and the results reported to the physician and surgeon or other person engaged in the prenatal care of the woman, and, if the test result is positive, reported to the local health officer, pursuant to Title 17, CCR.

Repeated testing for hepatitis B surface antigen is not required if the licensed physician or other person engaged in the prenatal care has knowledge that the woman is already chronically infected with hepatitis B and accepts responsibility for the accuracy of the information. Similarly, the prenatal care provider is not required to report to the local health officer cases in which a woman's positive hepatitis B surface antigen test was previously reported to the local health officer during a previous pregnancy.

After the results of the hepatitis B tests have been received, the clinician or other person engaged in the prenatal care of the pregnant woman or attending the woman at the time

of labor, delivery, or postpartum care at the time the results are received must ensure that the woman receives information and counseling, as appropriate, to explain the results and the implications for the mother's and infant's health, including any follow-up testing and care that are indicated.

Funds for Perinatal Hepatitis B Screening and Prevention

Health and Safety Code Section 121500 requires CDPH to make funds available to local health departments upon request for testing and providing follow-up treatment for the prevention of perinatally transmitted hepatitis B infections. Funds are allocated on the basis of the incidence of perinatally transmitted hepatitis B infection and the need for necessary follow-up treatment and evaluation in the requesting county.

Professional Boxers and Martial Arts Fighters

Business and Professions Code Section 18712 requires any person applying to the State Athletic Commission for a license or the renewal of a license as a professional boxer or as a professional martial arts fighter to be tested (and to test negative) for HIV, hepatitis B, and hepatitis C. Negative tests for HIV, hepatitis B, and hepatitis C are also required for fights that occur 180 days or more after the date of the tests submitted for the issuance or renewal of the person's license. If the Commission denies a license or the renewal of a license because of a licensee's HIV, hepatitis B, or hepatitis C status, the Commission must state in its rejection letter only that the action was taken for medical reasons.

Patients and Employees of Home Dialysis Agencies

Health and Safety Code Section 1794.13 requires that every employee of a home dialysis agency be tested for (viral) hepatitis prior to employment, and that every employee providing patient care must have a physical examination at least annually. In chronic hemodialysis settings, CDC recommends routine testing of patients for hepatitis B and hepatitis C, as well as specific procedures for performing hemodialysis with patients infected with chronic hepatitis B.¹

Food Handlers, Teachers, Childcare Workers, and Other Service Providers

California does not require hepatitis C testing for childcare workers, food handlers, teachers, or other service providers, except as otherwise noted above. For more information about viral hepatitis and healthcare workers, see the Public and Occupational Safety section of this summary.

Hepatitis C Counseling and Testing in HIV Testing Sites

Health and Safety Code Section 120917 enables HIV test counselors who are currently authorized to perform HIV tests waived under the Clinical Laboratory Improvement Act (CLIA of 1998 to also perform Food and Drug Administration (FDA)-approved, CLIA-waived tests for hepatitis C. Hepatitis C tests may be performed by HIV test counselors who: a) have been trained by the California Department of Public Health Office of AIDS (CDPH OA) or its agents; b) work in a HIV testing site that is funded by OA or that uses staff trained by OA or its agents **and** has a quality assurance plan approved by the local health department **and** has HIV testing staff that complies with state regulatory quality

assurance requirements (outlined in Title 17 CCR 1230); and c) have been trained by OA or its agents in both HIV and HCV test kit proficiency for finger-stick blood tests and in universal infection control precautions, consistent with best infection control practices. CDPH OA or its agents may charge a fee for training HIV counseling staff in local health jurisdictions that do not receive CDPH OA funding. The local health department may charge a fee for the quality assurance plan approval.

For the purposes of this Section, HIV test counselors are considered "other healthcare personnel providing direct patient care", as described in Business and Professions Code Section 1206.5. Apart from HIV and hepatitis C tests, HIV test counselors may not perform any other FDA-approved, CLIA-waived tests. Training in performing HIV and hepatitis C finger-stick testing does not certify an HIV counselor as a phlebotomy technician or a limited phlebotomy technician.

Inside the Criminal Justice System

Incidents of Gassing in State Prisons

Penal Code Section 4501.1 requires a state prison warden to investigate all reported or suspected incidents of gassing (i.e., "intentionally placing or throwing fecal matter or other bodily fluids on an employee of a state prison that results in actual contact with the person's skin or membranes") to confirm the presence of human excrement or other bodily fluids or bodily substances.

If there is probable cause to believe that gassing occurred, the chief medical officer of the state prison may order testing of the person confined in a state prison for (viral) hepatitis and/or tuberculosis immediately after the event, and periodically thereafter to ensure that further transmission does not occur. This Section requires that the test results be provided to the officer or employee who has been subject to gassing, and that any person confined in a state prison who commits gassing be punished by imprisonment in a county jail or in state prison.

Incidents of Gassing in City and County Jails

Penal Code Section 243.9 requires the person in charge of the local detention facility to investigate all reported or suspected violations of gassing to confirm the presence of human excrement or other bodily fluids or bodily substances.

If there is probable cause to believe that gassing occurred, the chief medical officer of the local detention facility may order testing of the confined person for hepatitis and/or tuberculosis immediately after the event, and periodically thereafter to ensure that further transmission does not occur. This Section requires that the test results be provided to the officer or employee who has been subject to gassing, and that any person confined in a local detention facility who commits gassing be punished by imprisonment in a county jail or in state prison.

Incidents of Gassing in Youth Detention Facilities

Welfare and Institutions Code Section 1768.85 states that if a ward under the jurisdiction of the Department of Youth Authority* gasses any peace officer or employee, this ward is guilty of aggravated battery and is subject to voluntary or involuntary (viral) hepatitis and tuberculosis testing.

Incidents of Gassing in Law Enforcement Settings

Penal Code Sections 7500-7519 establish procedures through which custodial and law enforcement personnel (including prosecutors and public defenders) are required to report situations in which they have reason to believe they have come into contact with bodily fluids of a person confined in a state prison, a person arrested or taken into custody, or a person on probation or parole, in a manner that could result in hepatitis B or hepatitis C infection based on latest transmission information from CDC and if appropriate medical authorities believe there is a good reason for a test. These reports must be filed with the chief medical officer of the applicable custodial facility, who may order a test only if there is a significant risk that hepatitis B and/or hepatitis C was transmitted. The employee may also request hepatitis B and/or hepatitis C testing of the person who is the subject of the report.

In addition, the chief medical officer may order a hepatitis B or hepatitis C test in the absence of any incident report or request from an inmate or employee if the medical officer concludes that an inmate exhibits clinical symptoms of hepatitis B or C infection. Custodial officers or correctional staff may file a report of any observed or reported behavior known to cause the transmission of hepatitis B or hepatitis C. The chief medical officer may investigate these reports and require hepatitis B or hepatitis C testing of any person confined in a state prison as deemed necessary as a result of the investigation.

Incidents of Bodily Fluid Contact among Persons in Custody

Penal Code Section 7500-7519 permits a person in custody of state prisons to request hepatitis B and/or hepatitis C testing stemming from contacts with another person confined in state prisons if he or she has reason to believe that he or she has come into contact with the bodily fluids of that inmate, in situations which may include but are not limited to rape or sexual contact with a potentially infected inmate, tattoo- or drug-needle sharing, an incident involving injury in which bodily fluids are exchanged, or confinement with a cellmate under circumstances involving possible mingling of bodily fluids.

Confined Person's Right to Appeal

Penal Code Section 7500-7519 permits a person confined in a state prison who is the subject of a request for a mandatory hepatitis B or C test has the right to appeal being tested.

* In 2005, the Department of Youth Authority became the Juvenile Justice Division under the Department of Corrections and Rehabilitation. References throughout this summary to California Department of Youth Authority now apply to California Department of Corrections and Rehabilitation.

Victims of Crime

Health and Safety Code Section 121055 allows the prosecuting attorney or victims of certain crimes to petition the court for the testing of the defendant if the possible transfer of bodily fluids has occurred between the victim and the defendant. Copies of the test results shall be sent to the defendant, the victim(s), and, if the defendant is incarcerated, to the officer in charge and the chief medical officer of the facility where the person is incarcerated.

Forensic Scientists

Health and Safety Code Section 121056 allows forensic scientists to petition for the testing of bodily fluids to which they have been exposed in the course of their job duties.

Emergency Medical Response Personnel

Health and Safety Code Section 121060 establishes requirements for the event that any peace officer, firefighter, or emergency medical personnel, while acting within the scope of his or her duties, has been exposed to an arrestee's blood or bodily fluids. A licensed healthcare provider must inform the arrestee that a potential bloodborne pathogen exposure* has occurred and must make a good-faith effort to obtain his or her voluntary written consent for testing for HIV, hepatitis B, and hepatitis C. If consent cannot be obtained, then a petition can be filed with the court and the court can order that the individual be tested. The person tested must be given the option not to learn of his or her test results. The results must be kept confidential, and may not be further disclosed, except as authorized by law.

Disclosure of Test Results and Confidential Records

Probation and Parole

Penal Code Sections 7500-7505 and 7520-7523 require that probation and parole officers be notified by prison or jail medical personnel when a person being released from prison or jail with whom that officer will be working is infected with hepatitis B or C. Medical representatives of the correctional institution must also provide probation and parole officers with up-to-date information on preventing hepatitis B and C transmission.

The probation officer is responsible for ensuring that the probationer or parolee be made aware of any available counseling and testing resources. If the probation or parole officer learns that the parolee or probationer has not properly informed his or her spouse, the officer may ensure that this information is relayed to the spouse only through either the chief medical officer of the institution from which the person was released or through the physician treating the spouse or the parolee or probationer.

* Health and Safety Code Section 121060 defines a "bloodborne pathogen exposure" as "a percutaneous injury including but not limited to a needlestick or a cut with a sharp object, or the contact of nonintact skin or mucous membranes with any of the following bodily fluids: blood; tissue; mucus containing visible blood; semen; and vaginal secretions". This definition shall be in accordance with the most current bloodborne pathogen exposure definition established by CDC.

If the probationer or parolee has a record of assault on a peace officer, the probation or parole officer must inform fellow officers assisting in apprehending the individual. Medical personnel in correctional institutions must notify all law enforcement employees when those employees have had direct contact with the bodily fluids of people who have been diagnosed as having hepatitis B or C. Probation officers who willfully or negligently disclose information about hepatitis B or C infection are guilty of a misdemeanor.

Results of Tests Conducted under Criminal Justice Supervision

Penal Code Section 7540 makes it a misdemeanor to file a false gassing incident report or false request for testing of a person confined in a state prison or city or county jail. This Section also makes it a misdemeanor to use or disclose test results or confidential information in violation of any of the provisions of Penal Code Sections 7500-7554, which govern mandatory testing for hepatitis B and hepatitis C during the period of state or local criminal justice supervision.

Internet Notification

Health and Safety Code Section 123148 forbids notifying a patient of a positive viral hepatitis antigen test result by Internet posting or other electronic means.

IMMUNIZATION

Hepatitis B Immunization Requirements for Children Entering School

Health and Safety Code Sections 120325-120380 require that, as of August 1, 1997, no child may be admitted to any private or public elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center unless the child has been fully immunized against hepatitis B and other diseases as determined by CDPH, prior to admission.

Hepatitis B Immunization Requirements for Students Enrolling in 7th Grade

From July 1, 1999 through June 30, 2011, Health and Safety Code Section 120335 required that no student could be admitted or advanced to 7th grade unless the student had been fully immunized against hepatitis B. Effective July 31, 2011, that requirement was repealed and replaced with a requirement for evidence of pertussis (whooping cough) vaccination.

Hepatitis B Immunization Requirements for Students Enrolling in College

Health and Safety Code Section 120390.5 requires first-time enrollees at University of California and California State Universities who are 18 years of age or younger to provide proof of full immunization against hepatitis B prior to enrollment. A person who has not been fully immunized against hepatitis B may be admitted on the condition that, within a designated time period, the person will provide proof of full immunization.

Hepatitis B Immunization Requirements for Healthcare Workers

California Code of Regulations Title 8, Section 5193 requires that employers provide hepatitis B vaccination free of charge within ten working days of initial assignment to all employees who have occupational exposure, unless: the employee has previously received the complete hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons. The employer shall not make participation in a pre-screening program a prerequisite for receiving hepatitis B vaccination.

The Section requires healthcare workers who decline hepatitis B vaccination to sign a statement acknowledging that they continue to be at risk of acquiring hepatitis B, and that they be provided with hepatitis B vaccination free of charge if they choose to be vaccinated at a later date while continuing to be at risk for occupational exposure. Employers must make a routine booster dose available if it is recommended at a future date by the U.S. Public Health Service.

For more information on healthcare worker immunization requirements, including testing and monitoring recommendations for healthcare workers who do not respond to hepatitis B vaccination, see CDC guidelines on this topic.²

Immunization Requirements for U.S. Immigrants

Current federal immigration law requires that U.S. immigrants have proof of vaccination against hepatitis A and hepatitis B, among other diseases. Immigrants must complete a medical screening for specific diseases and must receive or show proof of certain vaccines. Immigrants are screened before coming to the United States, when seeking permanent residence; or in the United States, when changing their visa status to become permanent residents. For more information about immunization requirements for immigrants, visit <http://www.cdc.gov/ncepid/dgmq/> or call the CDC hotline at (800)232-4636 or (888) 232-6348 (TTY).

Pharmacist Administration of Vaccines

Business and Professions Code Section 4052 allows a pharmacist to administer immunizations (such as hepatitis A and hepatitis B vaccine) pursuant to a protocol with a prescribing clinician. For more information on pharmacist administration of immunizations, visit the Pharmacy Foundation of California “Step-by-Step Immunization Program Set-Up Guide for California-Based Pharmacy Immunization Programs” at: www.pharmacyfoundation.org/CEAccreditation/ImmunizationToolkit/SettingupyourProgram/tabid/104/Default.aspx.

Naturopathic Doctors’ Authorization to Administer Hepatitis B Immune Globulin

Business and Professions Code Section 3654 allows a naturopathic doctor who holds a certificate in naturopathic childbirth attendance to administer or order hepatitis B immune globulin for neonates born to hepatitis B surface antigen-positive mothers.

PUBLIC AND OCCUPATIONAL SAFETY

Hepatitis A Prevention

Public Beach Sanitation

Health and Safety Code Sections 115875-115915 require the Department to establish minimum standards of sanitation for public beaches and to regularly test the waters adjacent to public beaches for microbiological contaminants, including fecal coliform (which may suggest contamination with other pathogens associated with feces, such as hepatitis A virus), if the beach is visited by more than 50,000 people annually or located near a storm drain that flows in the summer. Responsibility for testing the waters of public beaches rests with the local health officer to the extent that state funds have been budgeted for this purpose. Local health officers may also use secondary sources of information to meet the testing requirements. Local health officers are required to investigate any complaint of a violation of the public beach sanitation standards, and are authorized to close or restrict access to a contaminated beach or sections of a contaminated beach until standards are met. In cases where a beach is closed, the local health officer must inform the agency responsible for managing the beach within 24 hours of closure, and must establish a telephone hotline to inform the public of current beach closures and restrictions.

Food Safety Certificates and Examinations

Health and Safety Code Section 113947 establishes food safety requirements for owners and employees of food establishments, including requiring that an owner or employee complete a food safety certificate examination with questions about hepatitis A, among other topics pertaining to safety.

Health and Safety Code Section 113949.2 requires the owners of food establishments with a food safety certificate to instruct all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to foodborne illness.

Hepatitis A Outbreaks in Food Establishments

Health and Safety Code Sections 113949-113950.5 require the employees of food establishments with a food safety certificate to inform the owner of the establishment if the employee is infected with an acute gastrointestinal disease (such as hepatitis A). The Sections require owners of food establishments to notify the local health officer when the owner is aware that two or more food employees are concurrently experiencing symptoms associated with such an acute gastrointestinal illness.

These Sections authorize local health officers to order the immediate restriction or exclusion of any food employee from handling food until the food employee is determined to be free of an acute gastrointestinal disease or incapable of transmitting the illness or disease through food. The Sections also authorize local health officers to shut down a food facility until the identified disease outbreak has been addressed, and permit only the local health officer to remove such restrictions or exclusions.

Blood, Sperm, Tissue, and Breast Milk Donations

Tissue, Sperm, and Breast Milk Donations

Health and Safety Code Sections 1644-1644.5 require that only those tissues that have been found nonreactive for evidence of infection with agents of hepatitis B and hepatitis C can be transferred into another body. A recipient of sperm may consent to therapeutic insemination of sperm even if the sperm donor is found reactive for hepatitis B or hepatitis C, if the sperm donor is the spouse of, partner of, or designated donor for that recipient, and after the recipient has been vaccinated against hepatitis B. The physician providing insemination or advanced reproductive technology services must advise the donor and recipient of the potential medical risks associated with receiving sperm from a reactive donor.

These Sections require the donor and the recipient to sign a document affirming that each comprehends the medical repercussions of using sperm from a reactive donor for the proposed procedure and that each consents to it, and that a copy of the document be placed in their respective medical records. These Sections forbid the deposit of human breast milk from donors who test reactive for viral hepatitis into a milk bank for human ingestion in California.

Health and Safety Code Section 1635 defines tissue as “any human cell, group of cells, tissue, or organ, including the cornea, sclera, or vitreous humor and other segments of, or the whole, eye, bones, skin, arteries, sperm, blood, other fluids, and any other portion of a human body”.

Blood and Plasma Donations

Health and Safety Code Section 1603.1 forbids the use of any blood or blood components in humans unless the blood or blood components have been tested for HIV and viral hepatitis. For information about blood banks, plasma centers, and local health authorities’ reporting requirements in the event that the blood bank finds the presence of viral hepatitis antigens in the blood or blood components tested, see Viral Hepatitis Reporting Requirements.

Tattoo, Piercing, and Permanent Cosmetics Safety

California Tattoo, Body Piercing, and Permanent Cosmetics Standards

Health and Safety Code Sections 119300-119328 establishes minimum statewide standards for the regulation of persons engaged in tattooing, body piercing, and the application of permanent cosmetics. (For these Sections, “body piercing” does not include ear piercing with a disposable, single-use, pre-sterilized stud and clasp or solid needle.) Section 119303 requires that body art practitioners obtain informed client consent and that the client complete a risk questionnaire, which includes information on risk factors for exposure to bloodborne pathogens, including hepatitis B, hepatitis C, and HIV. Section 119306 prohibits performance of body art unless the practitioner is registered with the local enforcement agency, which is defined as the local health

agency or the local environmental agency (to be determined within each jurisdiction). Registration requirements include: evidence of hepatitis B vaccination, immunity, or declination; completion of a Bloodborne Pathogens Exposure Control Training program that is specific to body art; proof of age over 18 years; at least six months of related experience; and a registration fee paid to the local enforcement authority.

Sections 119307-119328 describe required procedures for conducting body art and maintaining a clean body art facility; empower local agencies to enforce these statutes; and provide separate standards for ear piercing with a disposable, single-use, pre-sterilized stud and clasp or solid needle.

Occupational Safety in Healthcare and Other Settings

California Bloodborne Pathogen Standards

California Code of Regulations Title 8, Section 5193 outlines state standards for preventing transmission of bloodborne pathogens in healthcare and other settings with a risk of occupational exposure to bloodborne pathogens. The standards require that employers: establish, implement, and maintain an effective Exposure Control Plan; establish and maintain a Sharps Injury Log; prepare an exposure determination, which describes which jobs involve potential occupational exposures; and use engineering and work practice controls (such as needleless devices and needles and other devices with an engineered sharps injury protection) to eliminate or minimize employee exposure.

The standards also list requirements for the use and disposal of sharps, sharps waste, and biohazardous waste; work site cleaning and decontamination; hygiene; laundry; personal protective equipment (including gloves, gowns, and masks); hepatitis B and hepatitis C research facilities; and healthcare worker hepatitis B vaccination and bloodborne pathogen post-exposure evaluation, prophylaxis, and follow-up. To access the State Bloodborne Pathogen Standards, visit www.dir.ca.gov/title8/5193.html.

Restrictions for Healthcare Workers and other Persons Infected with Hepatitis B

CDC does not recommend restricting persons from school, play, childcare, work, or other non-healthcare settings based on their hepatitis B infection status, unless they are prone to biting (such as in a childcare setting).³ Information regarding precautions for healthcare workers and students infected with hepatitis B is available from CDC.⁴ State “Guidelines for preventing the transmission of bloodborne pathogens in healthcare settings”, which address precautions for healthcare workers with hepatitis B infection, can be retrieved at www.cdph.ca.gov/pubsforms/Guidelines/Pages/HAlandIC.aspx.⁵

Restrictions for Healthcare Workers and other Persons Infected with Hepatitis C

CDC recommendations for the prevention and control of hepatitis C specify that “people should not be excluded from work, school, play, childcare, or other settings because they have hepatitis C”.⁶ According to CDC, there is no evidence that people can get hepatitis C from food handlers, teachers, or other service providers without blood-to-blood contact.

No CDC recommendations exist that restrict the professional activities of healthcare workers with hepatitis C infection. As recommended for all healthcare workers, CDC recommends that those healthcare workers with hepatitis C infection “should follow strict aseptic technique and universal precautions, including appropriate use of hand-washing and protective barriers, and the care, use, and disposal of needles and other sharp instruments”.⁷

Guidelines for Prevention of Healthcare-Associated Disease Transmission

Health and Safety Code Section 1250.11 requires the California Department of Health Services to develop written guidelines and regulations as necessary to minimize the risk of transmission of bloodborne infectious diseases from healthcare worker to patient, from patient to patient, and from patient to healthcare worker. The Section requires the Department to consider the recommendations made by CDC for preventing transmission of HIV and hepatitis B, as well as standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300), Division 5, Labor Code) regarding infection control to prevent infection or disease as a result of the transmission of bloodborne pathogens. The Section also requires the State to consult with the Medical Board of California, the Board of Dental Examiners, and the Board of Registered Nursing, and other associations. Department of Health Services was required to complete its review by January 1, 1993.

For current state guidelines for the prevention of healthcare-associated infections, visit www.cdph.ca.gov/pubsforms/Guidelines/Pages/HAlandIC.aspx.

Medical Professionals’ Failure to Follow Infection Control Guidelines

Various Sections within the Business and Professions Code require the California Medical Board and other medical regulatory bodies to investigate cases of unprofessional conduct and to allow the Board, if necessary, to take disciplinary action, including revocation or suspension of licenses, against health professionals for unprofessional conduct. Unprofessional conduct includes the knowing failure to protect patients by failing to follow infection control guidelines of the Board, thereby risking transmission of bloodborne infectious diseases such as hepatitis B and hepatitis C.

Business and Professions Codes Governing Medical Professionals’ Failure to Follow Infection Control Guidelines, by Type of Medical Professional	
Business and Professions Code	Medical Professionals
Section 1680	Dentists
Section 2221.1	Physicians, surgeons, and all other medical professionals regulated by California Medical Board
Section 2570.28	Occupational therapists
Section 2660	Physical therapists
Section 2761	Certified or licensed nurses
Section 2878	Vocational nurse

Business and Professions Code	Medical Professionals
Section 3110	Optometrists
Section 3527	Physician assistants
Section 3750	Respiratory therapists
Section 4521	Psychiatric Technicians
Section 4955	Acupuncturists

Criminal Justice Settings

Workplace Safety for Corrections Employees

Penal Code Section 7552 recommends (but does not require) that the Department of Health Services provide all employees of city and county correctional institutions and law enforcement agencies to which the Section applies with the necessary equipment and supplies, including gloves and devices to administer cardiopulmonary resuscitation, to follow accepted universal bodily fluids precautions when dealing with infected persons or those in high-risk groups for hepatitis B or C.

Syringe Access

Sharps Injury Control

Health and Safety Code Sections 105325-105340 require the Department of Health Services to establish and maintain a Sharps Injury Control Program. The Sections require that programs maintain a continuously updated list of existing needleless systems and needles with engineered sharps injury protection, and make this list available to assist facilities; solicit voluntary submission of data by healthcare institutions regarding the effectiveness of needleless systems and needles with engineered sharps injury protection; and provide assistance to industry and the Division of Occupational Safety and Health to further compliance with occupational safety and health standards related to the use of needleless systems and needles with engineered sharps injury protection.

These Sections also require that the documentation of sharps injuries to healthcare workers in a “sharps injury log” include documentation of the type and brand of device involved in the incident. These Sections further allow the Department of Health Services' Environment Management Branch, Medical Waste Program, and local enforcement agencies to verify that each hospital, skilled nursing facility, and home health agency is in compliance with the documentation of sharps injuries through its current medical waste program or through the establishment of a self-audit program.

Home-Generated Syringe and Other Sharps Disposal

Health and Safety Code Sections 117800-880 authorize a local health department or environmental agency to establish a medical waste management program and establish requirements for medical waste management program functions. If the local health department or environmental agency does not establish such a program, these Sections allow the Department of Health Services to establish such a program.

Health and Safety Code Section 117904 allows a local health department or environmental agency to approve a location as a point of consolidation for the collection of home-generated sharps waste, which, after collection, is transported and treated as medical waste. The Section requires a home-generated sharps consolidation point to comply with all of the following requirements: place all sharps waste in sharps containers; not hold sharps containers ready for disposal for more than seven days without written approval of the local enforcement agency; and maintain required tracking documents. According to this Section, an approved home-generated sharps consolidation point is not considered the generator of collected sharps waste.

Health and Safety Code 118030 allows a medical waste generator or an organization that employs healthcare professionals who generate medical waste to apply for a limited-quantity hauling exemption for transporting limited quantities of medical waste, and sets forth the eligibility requirements for obtaining such an exemption.

Health and Safety Code 118147 allows, but does not require, generators of medical waste (such as hospitals and clinics) to accept home-generated sharps waste to be consolidated with the facility's medical waste stream if the generator of the sharps waste, a member of the generator's family, or a person authorized by the enforcement agency transports the sharps waste to the medical waste generator's facility; the sharps waste is accepted at a central location at the medical waste generator's facility; and these actions are included in the facility's medical waste management plan.

Health and Safety Code Section 118286 prohibits a person from knowingly placing home-generated sharps (needles, syringes, or lancets) in their trash, recyclable, or green waste container.

Information for individuals who use sharps and must dispose of them properly is available through the California Department of Resources Recycling and Recovery (CalRecycle), Household Hazard Waste Disposal website at: www.calrecycle.ca.gov/HomeHazWaste/sharps/Household.htm. This website also provides a list of contact information for local sharps disposal programs. CalRecycle suggests that persons seeking methods for disposal of household sharps waste may also call 1-800-CLEANUP (1-800-253-2687), a service of Earth911.

Non-Prescription Pharmacy Syringe Sales

Business and Professions Code 4145.5 states that a pharmacist or physician may, without a prescription or a permit, furnish 30 or fewer hypodermic needles and syringes for human use to a person 18 years of age or older, and a person 18 years of age or older may, without a prescription or license, obtain 30 or fewer hypodermic needles and syringes solely for personal use from a physician or pharmacist. Pharmacists must store syringes so that they are inaccessible to unauthorized persons and provide one or more of the following options for safe syringe disposal: 1) an on-site sharps collection; 2) mail-back sharps containers and tracking forms; 3) a sharps container that meets state and federal standards for collection and disposal of medical sharps waste. Pharmacists furnishing non-prescription syringes must also provide written or verbal

counseling at the time of sale on how to access drug treatment and HIV and hepatitis C testing, and on how to safely dispose of syringes and other sharps waste. CDPH OA and the California Board of Pharmacy must also post information, on their respective websites, on how to access drug treatment and HIV and hepatitis C testing, as well as on how to safely dispose of syringes and other sharps waste.

Local approval and establishment of pharmacy syringe sales programs (also known as the Disease Prevention Demonstration Project, or SB 1159) is ineffective until January 1, 2015. At that time, if subsequent legislation has not been enacted to extend and/or make permanent the statewide authorization of nonprescription pharmacy syringe sales, then the previously existing local approval and authorization process will be re-instated.

Syringe Exchange Programs

Health and Safety Code Sections 121349-121249.3 authorize local governments to allow syringe exchange programs to operate within their jurisdictions. These Sections enable a city and county, or a county, or a city to authorize a clean needle and syringe exchange project upon consultation with the Department. The local health officer must present at an open meeting of the board of supervisors or city council a detailed report on the status of the clean needle and syringe exchange programs and provide any relevant statistics on bloodborne infections associated with needle-sharing activities and the use of public funds for these programs every two years. In addition, local government, local public health officials, members of the public, and law enforcement personnel must be given the opportunity to provide comments on the clean needle and syringe exchange programs annually.

From January 1, 2012 through January 1, 2019, Health and Safety Code Sections 121349-121349.3 allow CDPH to authorize entities to provide syringe exchange services (consistent with state standards) anywhere in the state where the Department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes. Authorization will occur after consultation with local health officers, local law enforcement officials, and local neighborhood associations, and after a 90-day comment period, and will last two years.

State standards shall include a requirement that syringe exchange programs provide a range of services, either directly or through referral, including but not limited to drug abuse screening, HIV and viral hepatitis testing, and hepatitis A and B vaccination. Authorized agencies must provide to all participants syringe exchange education, HIV and viral hepatitis education, and options for safe recovery and disposal of used syringes and sharps waste. Agencies must also have an evaluation plan and collect specified data elements. The Department shall maintain a website listing authorized syringe exchange programs.

Health and Safety Code Sections 120780-120780.1 authorize a public entity that receives state general fund money from the Department for the purpose of HIV

education and prevention to use those funds to support authorized syringe exchange programs, including through the purchase of sterile hypodermic needles and syringes, if certain conditions are met. For more information on syringe access policies in California, visit the CDPH OA website at:

<http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>.

Drug Paraphernalia

Health and Safety Code Section 11364.1 makes it unlawful to possess any device used for unlawfully injecting a controlled substance. This Section does not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste. Additionally, this Section does not apply to the possession of 30 or fewer syringes if acquired from a physician, pharmacist, hypodermic needle and syringe exchange program, or any other source that is authorized by law to provide sterile syringes or hypodermic needles without a prescription. This remains in effect until January 1, 2015, at which time it is repealed unless it is extended by the Legislature. If it is repealed, then the limit of the number of syringes an individual may possess will be ten or fewer.

Health and Safety Code Section 11364.7 makes it unlawful for any person to furnish another individual or individuals with drug paraphernalia. The Section also establishes that no public entity, its agents, or employees shall be subject to criminal prosecution for distribution of hypodermic needles or syringes to participants in clean needle and syringe exchange projects authorized by the public entity pursuant to Health and Safety Code Sections 121349-121349.3.

Health and Safety Code Section 121349 states that staff and volunteers participating in an authorized syringe exchange program shall not be subject to criminal prosecution for violation of any law related to the possession, furnishing, or transfer of hypodermic needles or syringes during participation in an exchange project. Program participants shall not be subject to criminal prosecution for possession of needles or syringes acquired from an authorized needle and syringe exchange project entity.

DISABILITY INSURANCE/MEDICAL COVERAGE

Health Care Insurance Eligibility

Individual eligibility for health care coverage varies by income, geographic location, and other factors. The California Pre-Existing Conditions Insurance Program (PCIP) is available for persons who are uninsured or who have been denied insurance due to pre-existing conditions. For more information about PCIP, call 1-877-428-5060 or visit www.pcip.ca.gov/. (This program will end in 2014, when federal law will no longer allow insurance companies to deny insurance to adults with preexisting conditions.)

Persons who wish to learn more about their eligibility for health care coverage in California should visit www.healthcare.gov or <http://www.cuidadodesalud.gov/enes/> (in Spanish) and use the drop-down menu to select California.

Individuals who are co-infected with HIV and chronic hepatitis C may also be eligible to have the costs of the drugs used for their treatment medications covered through the AIDS Drug Assistance Program (ADAP). A number of drugs used to treat chronic hepatitis B infection are also used to treat HIV infection, and are covered under ADAP for people who are co-infected with chronic hepatitis B and HIV. For more information about ADAP in California, visit <http://www.ramsellcorp.com/individuals/ca.aspx>.

Workers' Compensation

Labor Code Section 3208 provides that, if an employer of healthcare workers provides health care for preventing HIV or hepatitis, either prior to exposure (e.g., vaccination for hepatitis A or B), or following exposure (e.g., post-exposure prophylaxis), and a healthcare worker is injured, the worker is covered under the workers' compensation system. "Injury" includes any injury or disease arising from the worker's employment.

For more information about worker's compensation, visit California Department of Industrial Relations, Division of Workers' Compensation website at www.dir.ca.gov/dwc/ or contact the Division of Workers' Compensation by phone at 1-800-736-7401.

Duration of Disability Payments

Labor Code Section 4656 limits the duration of aggregate disability payments for acute and chronic hepatitis B and acute or chronic hepatitis C to a specified period of time, depending on when the injury occurred. For an employee who suffers from acute and chronic hepatitis B or acute or chronic hepatitis C, aggregate disability payments for a single injury occurring on or after April 19, 2004, causing temporary disability, shall not extend for more than 240 compensable weeks within a period of five years from the date of the injury.

DISCRIMINATION

Federal Disability Protections

Federal and state statutes prohibit discrimination against individuals with a disability in employment, housing, transportation, public accommodations, and telecommunications. Federal and state laws do not provide an exhaustive list of which diseases and conditions are considered disabilities. However, state discrimination law (described in the next section) specifically mentions hepatitis as an example of a disability.

The most comprehensive federal legislation is the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. Section 2101-12213), which prohibits discrimination against disabled individuals in employment, public services, and public accommodations. The scope of ADA was expanded through the ADA Amendments Act of 2008. Under ADA and its amendments, an individual is considered to be disabled if that person "has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is perceived by others as having such impairment."

Title I of the ADA requires “employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship.”⁸

ADA specifically regulates when employers are permitted by federal law to inquire into an applicant's disability status. For example, “an employer may not ask or require a job applicant to take a medical examination before making a job offer.” The employer also “cannot make any pre-employment inquiry about a disability or the nature or severity of a disability. An employer may, however, ask questions about the ability to perform specific job functions and may, with certain limitations, ask an individual with a disability to describe or demonstrate how s/he would perform these functions. An employer may condition a job offer on the satisfactory result of a post-offer medical examination or medical inquiry if this is required of all entering employees in the same job category.”⁹ For more information about ADA and its requirements, visit www.ada.gov/ or call the ADA information line at (800) 514-0301 or (800) 514-0383 (TTY).

State Disability Protections

California law incorporates the requirements of the federal ADA and also establishes independent state grounds for prohibiting discrimination against disabled persons. Civil Code Sections 51 and 54 provide that a violation of applicable provisions of ADA also constitutes a violation of the California Civil Code. Civil Code Section 51 et seq. (Unruh Civil Rights Act) prohibits business establishments from discriminating against disabled persons. Civil Code Section 54 et seq. protects disabled individuals from discrimination in the use of public accommodations, including but not limited to medical facilities, public transportation, adoption agencies, private schools, and hotels. These Sections also guarantee equal access to housing accommodations.

Government Code Sections 12900-12996 (California Fair Employment and Housing Act) provide protections independent from *and in addition to* those in ADA to prohibit discrimination in employment or housing accommodations, based on disability.

Government Code Section 12926.1 defines physical disability and mental disability so that applicants and employees are protected from discrimination due to an actual or perceived physical or mental impairment that is disabling, potentially disabling, or perceived as disabling or potentially disabling. According to this section, “physical and mental disabilities include, but are not limited to, chronic or episodic conditions such as HIV/AIDS, *hepatitis (emphasis added)*, epilepsy, seizure disorder, diabetes, clinical depression, bipolar disorder, multiple sclerosis, and heart disease.”

Government Code Section 12940 prohibits an employer from denying employment of a person because of a physical disability, mental disability, or medical condition.

However, this section “does not prohibit an employer from refusing to hire or discharging an employee with a physical or mental disability, or subject an employer to any legal liability resulting from the refusal to employ or the discharge of an employee with a physical or mental disability, where the employee, because of his or her physical or mental disability, is unable to perform his or her essential duties even with reasonable accommodations, or cannot perform those duties in a manner that would not endanger his or her health or safety or the health or safety of others even with reasonable accommodations.”

California law does not provide an exhaustive list of circumstances in which a specific disability (e.g., hepatitis) would preclude an employee from completing essential duties, even with reasonable accommodation. (Restrictions regarding workers with hepatitis A in food establishments and healthcare workers with hepatitis B or hepatitis C infection are described in the Public and Occupational Safety section of this summary.)

Filing a Grievance for Discrimination in an Educational Institution

Individuals who believe they have been discriminated against or have been denied admission to a public school, technical college, or university due to a disability can find out where the school is accredited (such as the local unified school district) and file a “uniform complaint procedure” with that school district. For more information about discrimination in an educational institution, or to appeal a decision of the local school district, contact California Department of Education, Office of Equal Opportunity at www.cde.ca.gov/re/di/eo/ or (916) 445-9174.

Filing a Grievance for Discrimination in the Workplace

Individuals who believe they have been discriminated against or denied employment or other public accommodations due to a disability can file a grievance through the Department of Fair Housing and Employment. For more information, contact them at: www.dfeh.ca.gov/DFEH/Complaints/Default.aspx or at (800) 884-1684 or (800) 700-2320 (TTY).

Filing a Grievance for Housing Discrimination

Individuals who believe they have been discriminated against or denied housing due to a disability can file a grievance through the Department of Fair Housing and Employment. For more information about the grievance process, visit www.dfeh.ca.gov/DFEH/Complaints/Default.aspx or call (800) 233-3212 or (800) 700-2320 (TTY).

Filing a Grievance for Discrimination by a Health Insurance Company

Federal law (as established by the Affordable Care Act, also known as health reform) prohibits healthcare providers from denying insurance to children due to pre-existing conditions. As of January 1, 2014, the same federal protections will apply to adults.

Individuals who believe they have been discriminated against or denied care by a healthcare provider can file a complaint with their health insurance company or physician in California. Individuals can file a complaint with their health insurance company by phone or mail, or through the company's website.

After filing a complaint with their health plan (e.g., via mail, phone, or the company's website), individuals can file a complaint with the California Department of Managed Health Care's health maintenance organization (HMO) Help Center at: www.hmohelp.ca.gov/ or at (888) 466-2219 or (877) 688-9891 (TTY).

Filing a Grievance for Discrimination by an Individual Physician

Complaints regarding individual physicians can be filed with the Medical Board of California. For more information, contact the Medical Board at www.medbd.ca.gov/ or at (800) 633-2322 or (877) 688-9891 (TTY).

VIRAL HEPATITIS REPORTING REQUIREMENTS

List of Reportable Diseases and Conditions

Health and Safety Code Section 120130 requires the Department to establish a list of reportable diseases and conditions, which may include communicable and non-communicable diseases. The list is required to include the urgency of reporting each disease and condition; and to specify timeliness requirements, required mechanisms, and report contents. This Section also requires the Department to establish a list of communicable diseases and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory, and to set forth conditions under which the culture and specimen shall also be submitted to the state public health laboratory to undergo further examination.

Electronic Lab Reporting

Health and Safety Code Section 120130 requires that, by July 1, 2009, or within one year after the State establishes an electronic laboratory reporting system, whichever is later, laboratories electronically submit reports of reportable diseases and conditions, in a manner specified by the Department.

Blood Banks and Plasma Centers

Health and Safety Code Section 1603.1 requires that if a blood bank finds viral hepatitis in a blood donation, the blood bank must report the date of the blood donation and the name, address, and social security number of the person who donated the blood; and that the name and address of the blood bank or plasma center that received the blood from the person be reported to the local health officer within 72 hours. Upon receiving the report of a transfusion-associated hepatitis or HIV case, the local health officer shall identify which blood bank or plasma center is the source of the infectious blood and then notify the blood bank or plasma center that issued the blood.

Health and Safety Code Section 120980 authorizes the Department to require blood banks and plasma centers to submit monthly reports summarizing statistical data about the results of tests that detect the presence of viral hepatitis and HIV. The summary must not include identifying information about individual donors.

Hepatitis C Prevalence and Trends in State Prisons

Health and Safety Code Section 122415 requires the Director of Corrections to provide the Legislature budget subcommittees with an annual statistical report on the prevalence and trends of the hepatitis C virus in correctional facilities.

Evaluation of Perinatal Hepatitis B Programs

Health and Safety Code Section 125100 requires clinical laboratories, public health laboratories, local health departments, physicians and surgeons, and other persons engaged in the prenatal care of a pregnant woman or in the care of an infant to provide the Department with information necessary to evaluate the effectiveness of testing and follow-up treatment for the prevention of perinatally transmitted hepatitis B infection.

Diseases and Conditions Reportable by Providers to the Local Health Authority

California Codes and Regulations, Title 17, Section 2500 requires healthcare providers to report any known or suspected case of a number of medical conditions including viral hepatitis to the local health officer for the jurisdiction in which the patient resides. For the purposes of this Section, "healthcare provider" means a physician or surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

The following type of viral hepatitis must be reported by electronic transmission (including fax), telephone, or mail within *one* working day of identification:

- Hepatitis A, acute infection.

The following types of viral hepatitis must be reported by electronic transmission (including fax), telephone, or mail within *seven* working days of identification:

- Hepatitis B (specify acute case or chronic);
- Hepatitis C (specify acute case or chronic);
- Hepatitis D (Delta) (specify acute case or chronic);
- Hepatitis E, acute infection.

If the disease reported is hepatitis, then the report shall include the following applicable information, if known: type of hepatitis, type-specific laboratory findings, and sources of exposure.

Diseases and Conditions Reportable by Labs to the Local Health Authority

California Code of Regulations, Title 17, Section 2505 requires laboratories to report to the local health department laboratory testing results suggestive of a number of medical conditions, including viral hepatitis. Specifically, laboratories are required to report the following viral hepatitis-related diseases of public health importance:

- Hepatitis A, acute infection;
- Hepatitis B, acute or chronic infection (specify gender of person);
- Hepatitis C, acute or chronic infection;
- Hepatitis D (Delta), acute or chronic infection;
- Hepatitis E, acute infection (detection of hepatitis E virus ribonucleic acid from a clinical specimen or positive serology).

Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by CDC (unless otherwise specified in this Section). All laboratory notifications are acquired in confidence.

These laboratory findings are reportable to the local health officer of the health jurisdiction where the healthcare provider who first submitted the specimen is located, within one (1) working day from the time that the laboratory notifies that healthcare provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the healthcare provider is located, within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

Laboratory reports must be made in writing and provide the following information:

- Date the specimen was obtained;
- Patient identification number;
- Specimen accession number or other unique specimen identifier;
- Laboratory findings for the test performed;
- Date that any positive laboratory findings were identified;
- Name, gender, address, telephone number (if known), and age or date of birth of the patient;
- Name, address, and telephone number of the healthcare provider who ordered the test.

Diseases and Conditions Reportable to CDPH by the Local Health Officer

California Code of Regulations, Title 17, Section 2502 requires that each local health officer report at least weekly on the Weekly Morbidity by Place of Report form to the Director the number of cases of those diseases, conditions, unusual diseases, or outbreaks of disease reported pursuant to Section 2500.

An individual case report or an outbreak report is required for a number of conditions. Specifically, an individual case report or outbreak report is required for the following viral hepatitis-related conditions:

- Hepatitis A
- Hepatitis B, acute only
- Hepatitis C, acute only

Each individual case report shall include the following: (1) verification of information reported pursuant to Section 2500; (2) information on the probable source of infection, if known; (3) laboratory or radiologic findings, if any; (4) clinical signs and/or symptoms, if applicable; and (5) any known epidemiological risk factors.

Copies of communicable disease reporting forms can be obtained at: www.cdph.ca.gov/pubsforms/forms/Pages/default.aspx. For more information about reportable diseases and conditions in California, contact your local health department or visit www.cdph.ca.gov/HealthInfo/Pages/ReportableDiseases.aspx. For a list of CDC nationally notifiable conditions and case definitions, visit: www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm.

Failure to Report

Health and Safety Code Section 120295 makes it a misdemeanor to fail to report the diseases and conditions required in California Code of Regulations, Title 17, Section 2500. California Code of Regulations, Title 16, Sections 1364.10-1364.11 make failure to report a citable offense under the Medical Board of California Citation and Fine Program.

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